



R.N.

December-1950

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"A nurse is a woman," Dot cried,

"But my hands look like elephant's hide!"

Then she tried the regime

Of Pacquins dream cream...

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● Pacquins Hand Cream was developed especially for doctors and nurses who give their hands so many scrubblings. Now Pacquins is the world's largest-selling hand cream! Use it for soft, lovely hands. For extra-dry skin, red label Pacquins—contains lanolin.

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CREAM YOUR HANDS WITH
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CREAM

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RN

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PERSONAL FROM MARY MARTIN

My husband and I figured out the other day that I'd washed my hair 2,438 times and given myself 39 permanents since "South Pacific" opened. I don't think there's a wave I haven't tried! They all seemed about the same to me—satisfactory enough—until I tried the Rayve home permanent. Really and truly, there's a difference between a Rayve wave and the rest. For one thing, it's so easy on the hair. But the big, heavenly, wonderful thing is how incredibly nice your hair looks afterward. It really does look naturally curly—*that* soft! Well, as you gather, I'm delighted with it. Why don't *you* see what *you* think of it?

"The GREEN TABLET" . . . a revolutionary
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Clean & Smelling



Suggest **OLODEX**

TO COMBAT	
MOUTH ODORS	BODY ODORS
due to:	such as:
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alcoholic beverages	foot odors
tobacco	urine odors
metabolic changes	menstrual odors
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¹ Westcott, F. H.: New York State J. Med. 50: 698 (Mar. 15) 1950.

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Debits & Credits

CADET NURSE STATUS

Dear Editor:

What is the status today of the former Cadet nurses? Are they in the Army or Navy Reserves?

JOAN E. ROBY, R.N.
WATERTOWN, S.D.

[Nurses who trained under the Cadet Nurse Corps program are not in the Army or Navy Nurse Corps Reserves unless upon completion of their training they enlisted in one of the armed services and subsequently joined either of the Reserve Corps, or unless, at some future date, Congress passes a specific act to call former Cadet nurses into the armed services. Otherwise, they are like all other civilian nurses who, unless there should be a draft of all nurses, would enter the armed services through volunteering.—THE EDITORS]

PSYCHOLOGY, TOO

Dear Editor:

With reference to the scented masks [R.N., August], I would like to suggest also the use of oil of peppermint and sweet oil of orange to disguise the odor of Vinethene or ether when using open drop method.

December R.N. 1950

Just the least bit is sufficient and I have found that an imaginative story concerning the chosen scent eases a child's apprehension and contributes to a smooth induction.

WILHELMINA S. RAYMOND, R.N.A.
ASBURY PARK, N.J.

NATIONAL REGISTRATION

Dear Editor:

After reading "Red Alert" [R.N., August] I had the idea that national or universal registration would help ease the nursing shortage. Many nurses are reluctant to leave their city or state because of the endless red tape in seeking reciprocity and nurses drift into other occupations that require no registration. The armed services accept nurses from all states and this alone should be a plug for national registration. And if the practical nurse can go from state to state, why not the R.N.? Do the states need the revenue? If so, I believe there would be no objection to a reasonable transfer fee. I think this should be given some thought before general mobilization gets underway and our hospitals are bogged down with untrained or poorly trained nursing personnel.

VIOLA HAEFNER, R.N.
ST. LOUIS, MO.

[National registration has long been the goal of professional nursing]

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Approved by Doctors and Nurses

in the U.S.; however, the obstacles are many. For an explanation of the knotty problems involved, refer to the editorial, "Reciprocal Registration—A Professional Roadblock" [R.N., Nov. 1949] and the most recent book on the subject, The Facilitation of Interstate Movement of Registered Nurses by Bernice E. Anderson, R.N., Ed.D., and published by the J. B. Lippincott Co. (Don't let the title discourage you.)—THE EDITORS]

RIGHTEOUS WRATH

Dear Editor:

On reading "Office Nurse" by Anne F. Cahill [R.N., July], I was quite incensed and it prompted me to sit down immediately and write the story of a "true" office nurse's day. The article was most interesting and I think more space and tribute should be paid to the office nurse but obviously Miss Cahill has never been employed by a typical G.P.

I have done office nursing for 10 years and I have yet to run up against an office such as she describes. In my typical day I work supposedly from 9 A.M. to 5 P.M. and 7 to 9 P.M. but never have I left at these hours. My nursing ethics—those things that were drilled into me so thoroughly in nurses training—prompt me to stay to help the doctor as long as there are sick people to care for. We are never finished before 10:30 and often it is 11:30 P.M.

In the morning I enter the office and see first of all the mess of an emergency suturing job of the night



Devegán therapy is thoroughly and promptly effective in *Trichomonas vaginalis* vaginitis.

The physician may maintain complete control over the course of treatment and yet be certain of patient cooperation by interspersing office insufflations of Devegán powder with insertions of Devegán tablets at home. Both the home-and-office phases of Devegán treatments are repeated as often as the severity of the vaginitis demands.

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SPECIFIC FOR TRICHOMONAS

Winthrop Stearns INC.

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Windsor, Ont.

before. Naturally, the doctor can't do his own cleaning-up job at 3 A.M. Then there is linen to change, cabinets to dust, supplies to put away and the telephone to answer as usual. The people in our community seem to think the nurse knows all the answers. They expect the nurse to diagnose and prescribe over the phone; why waste the doctor's time and their money with an office call? Try to get out of that, Miss Cahill, a dozen times a day! And then the waiting room with magazines piled like jackstraws, and cigarette butts, mud and dirt on the floor, not counting lost gloves and gum wrappers. Our only help is a local woman who is working out her medical bill by cleaning the office once a week.

In the morning I see the patients

who do not need to see the doctor each time for treatments, shots and the like. Yes, the sterilizing is done between jobs, but what about the typing, the bookkeeping and the thousands of insurance blanks—in triplicate? Miss Cahill has a beautiful little desk of her own; I do my book work on the doctor's consultation desk; my files are in the drug room. If I'm lucky enough to have a breather between patients, I have a cozy little stepladder in front of my lab table where I can relax while running urine specimens or doing blood counts. I do get Thursday afternoon and Sunday off but I live just a block from the office so patients call me when the doctor isn't available.

Much of this letter may seem like

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- WASHABLE KLEENETTE LEATHER
- STEEL SHANK
- COMBINATION LAST
- GENUINE GOODYEAR WELT

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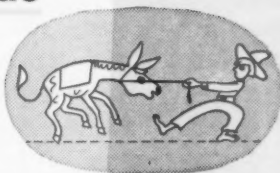
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burns
ulcers

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write for samples and reprint

1. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.

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FREE FOR EXPECTANT MOTHERS!



NEW, PLEASANT MEANS OF RELIEF FROM GAS, HEARTBURN, upset stomach, and acid indigestion due to pregnancy is now available to patients.

All they need do is chew safe, gentle CHOOZ, refreshing antacid chewing gum. Its two medically famous ingredients quickly neutralize excess stomach acids... welcome relief comes right away! And scientists say its pleasant *chewing* action stimulates nature's own way of sweetening the stomach.

So many expectant mothers have written us letters of praise about CHOOZ that we would like to send you samples. Chew refreshing CHOOZ yourself should you have acid indigestion. For a generous supply of CHOOZ absolutely Free, simply mail the coupon below. Do it NOW!

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113 No. 13th Street, Newark 7, N.J.

Please send me samples of the antacid chewing gum, CHOOZ, absolutely free.

Name

Address

City and State

(Offer limited to Nursing Profession)

gripping, but it isn't. I have a wonderful doctor to work for, he understands me and I can usually read his mind as well as his handwriting. The doctor's family and mine are good friends and in our few off duty hours we do get together for a game of canasta or bridge. I like my job and my position in this little town. I like the patients, as they are all my friends, and though I don't like the hours, pay and a few other things, I wouldn't trade my job for any other. No, not even one Miss Cahill dreamed up.

(MRS.) JESSIE WINTERS, R.N.
PERRY, MICH.

NO DINERO?

Dear Editor:

Here are what I believe to be the reasons for girls not entering training schools:

1. No money for entrance fee.
2. No money for transportation.
3. No money for upkeep while in training school.

R.N., GULFPORT, MISS.

OPPOSED

Dear Editor:

In the October, 1949 issue of R.N., an article by Flora Murray suggested advertising in the hospital. I would like to know if Miss Murray has ever experienced the peace and relaxation given by a radio program without commercials. There is a boost of up to 25 per cent in enjoyment in the quiet dignity of a good program of entertainment

December R.N. 1950



BAND-AID

TRADE MARK

ADHESIVE BANDAGES
regular and elastic

made only by

Johnson & Johnson

with no interruptions by some poor misguided soul who had spent \$40 for a drug to "cure" her cancer.

Would I, as a patient, resent a commercial about Seven-Up as I ate my meals? I'll say I would! The few times that I have been on the other side and have been a patient, I have been in the hospital for rest and recovery. I want nothing to retard or inhibit that rest and recovery. As for a bed pan carrier, I have no objections to one, but please, please leave off the neon. If you have ever had acute sinusitis, you will know that neon lights cause acute pain to the patient.

Now that I have condemned her idea, I would like to call attention to another solution. This solution does not offer so annoying a change

to the patient, and I do not believe it will lower the standards of the profession. The same issue of *R.N.* carries an article titled, "Northwestern Hospital Job Analysis." This article describes a plan that has worked in that hospital and has the good features of efficiency and a reduction in budget which is a solution to the difficult financing problem.

In that same issue, in a *Debits and Credits* letter, the question, "Should not the Federal government organize and sponsor nursing education?" is asked. Those countries in which I have worked that have such a plan have the poorest nursing system in existence. I spent some time in the Army and have seen some examples of its system of schooling. I am even a graduate of one, and be-



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We know nurses are good, reliable people who like to get loans on their own. We know, too, that they always use the money for a worthy purpose. How do we know all this? We know because we've been serving nurses for over 34 years. In fact, that's why we

say "yes" promptly to nurses who visit *Personal* for a loan.

We don't recommend unnecessary borrowing. But if a loan will serve a good purpose — phone, write, or visit your nearest *Personal* office. (See your phone book.) Loans entirely by mail — if you prefer.

FREE! New "Work-it-Yourself" Budget Guide. Write to Customer Advisory Division, Nurses Section, Box 1947, Trenton 10, N. J.

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Personal FINANCE CO.

Clinical success in postpartum hemorrhoids



From a clinical report of 79 cases of postpartum hemorrhoids, treated with RECTAL MEDICONE at a large New York institution, the following results were tabulated:

NO. OF CASES	TYPE	RESULTS
41	SUBACUTE	38 SATISFACTORY RESPONSE
22	ACUTE	22 RELIEF IN ALL CASES
16	CHRONIC	10 SATISFACTORY RESPONSE (4 of the 16 cases required surgery)

The explanation for these highly favorable results in this painful condition lies in the fact that RECTAL MEDICONE SUPPOSITORIES contain benzocaine for topical anesthesia—reinforced by other effective anti-hemorrhoidal agents, which promote retrogression and healing.



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RECTAL MEDICONE

Please request professional samples by mail.

Easier to apply than
a mustard plaster
for coughs of

CHEST COLDS



**Analgesic
Decongestive
Counter-irritant**

Busy nurses should welcome this white, stainless Musterole rub because it has *all* the advantages of a warming, pain-relieving mustard plaster yet is so much easier to apply. Just rub it on. Musterole saves your valuable time and is far more comfortable for your patient.

Musterole not only starts right in to relieve coughs, sore throat and aching muscles of chest colds, but it helps break up the local congestion.

The Only Rub Made in 3 Strengths:
Children's Mild, also Regular and
Extra Strong Musterole for adults.

MUSTEROLE

lieve me, it was inadequate. I received my training in anesthesia in the Army, and I am not accepted by the American Association of Nurse Anesthetists, and I should not be. In spite of the fact that I had one of the best instructors in the U.S., the time was too short, and there was insufficient equipment and too few patients for proper training of a good anesthetist.

R.N., JAPAN

[The AANA requires a minimum course of 8 months before it will allow an Army-trained nurse anesthetist to apply for the qualifying examination for membership.—THE EDITORS]

"OUTSIDE NURSES"

Dear Editor:

Wouldn't it be wise to tell girls before they go in training that nurses who work in a hospital other than their own are called "outside nurses" and many times are given second choice of the staff positions and the hardest of the private duty cases? If this is not discrimination, what is it? If I had known this before going in training I would have trained at the most important hospital in the city. However, I was fortunate in that I received excellent training in a progressive city hospital that is affiliated with a university, but I never knew until after graduation that for the remainder of my days I would be classed as an outsider by my own profession in every other hospital except my own.

R.N., NEW YORK, N.Y.

December R.N. 1950

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**you wanted a starting
cereal made with RICE**

NOW—GERBER'S RICE CEREAL IS READY

We're glad you told us that another one-grain cereal was needed to give some babies a better start and to increase the cereal variety for others all through babyhood. Helping you further sound infant nutrition is our business... our only business. So, after following the recommendations of leading bio-chemists, nutritionists, allergists and pediatricians—the new Rice Cereal is ready.



IT'S HYPO-ALLERGENIC. Gerber's new Rice Cereal is specially helpful with infants who may present wheat or oat allergy problems. Its B-vitamin supplementation is from rice bran extract plus crystalline thiamine, riboflavin and niacinamide.

IT WIDENS YOUR CHOICE of one-grain cereals. Now you are no longer limited to Gerber's Barley Cereal or Strained Oatmeal.



IT'S PARTICULARLY PALATABLE and has the Perfected-Texture babies like, too.

IT INCREASES THE VARIETY a mother can offer her infant or toddler. Now the Gerber Baby appears on four, dry, pre-cooked cereals.



Now! GERBER'S CEREAL "QUADS" in miniature sample boxes

The new Rice Cereal as well as Cereal Food, Strained Oatmeal and Barley Cereal! Order these new samples for your young mother clientele. Please write on your letterhead to Dept. 3512-0 Fremont, Michigan.

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NOW you may be sure!



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When you wash your hands routinely with Gamophen Soap you will not only find it a joy to use, but you will also get the protective benefit of hexachlorophene, the most effective, longest acting skin antiseptic known.

The hexachlorophene exerts a prolonged antibacterial effect against the resident flora of the skin, gram-positive

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Gamophen establishes a sustained low count in regular use. It has an emollient effect — is non-irritating. Makes quick, rich lather in any water. Gamophen is an excellent deodorant. It is economical in use—less than half the cost of liquid soap.

Phone your surgical dealer now to send you a dozen bars.

buy the dozen

4½ oz. or
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When seconds count...

● **INHERENT** to the practice of medicine is the importance of time—often a few seconds. In an operating room emergency, for example, when fluid therapy must be changed during an infusion. Using Abbott's ampoule-quality solutions and Abbott's unique, completely disposable venoclysis equipment—VENOPAK and Secondary VENOPAK—this conversion takes less than 30 seconds. And it is accomplished away from the patient. The needle remains secure in the vein.

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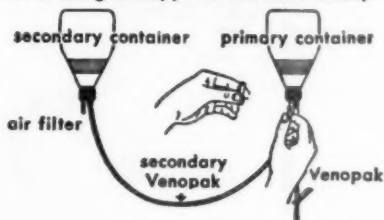
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"Why don't
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way"...



...the Easy, Pleasant
way to clean dentures!

Why make a nasty, offensive job of denture cleaning, when POLIDENT will do it for you easily, quickly and safely? Just have the patient gently drop the dentures into a glass of POLIDENT solution, and within 15 minutes—after rinsing—they're fresh, clean, and odor-free.

POLIDENT's *chemical* action saves you the trouble of messy handling. It dissolves food particles, mucin plaques and stains quickly and without scrubbing, abrasion or danger of breakage.

Send for a professional sample for trial, and see for yourself!

SOAK—15 minutes in solution (or overnight)... (1 capful of Polident to 1 glass of water)



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HUDSON PRODUCTS, INC., Dept. N-120
8 High Street, Jersey City 6, N. J.

Please send me a professional sample of POLIDENT.

Name _____ R.N.

Address _____

Street _____ Hospital _____

City _____ State _____

RINSE—Hold under running water to rinse—THAT'S ALL!



BROMO-SELTZER

gives fast 3-way help for

HEADACHE

upset stomach,
jumpy nerves

Very often, the strenuous on-duty life of a nurse causes headache pain. That's why it is wise to keep a supply of Bromo-Seltzer handy.

Bromo-Seltzer is the famous time-proved product that not only brings fast help for the pain of ordinary headache but also for the upset stomach and jumpy nerves that often go with it.

Quick! Pleasant! Bromo-Seltzer effervesces with *split-second action*, ready to go to work at once. And it's so pleasant tasting! Caution: Use only as directed.

Proof of Popularity: Today more people than ever use Bromo-Seltzer. *You* must be satisfied or your money back!

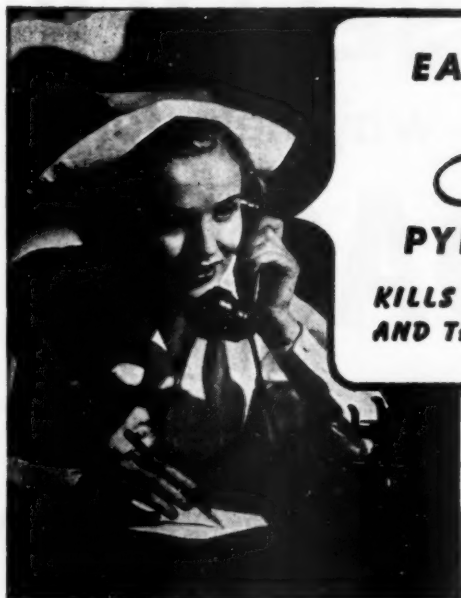
Get Bromo-Seltzer at your drugstore fountain or counter today. It's a product of the Emerson Drug Co. since 1887.



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A200

PYRINATE LIQUID

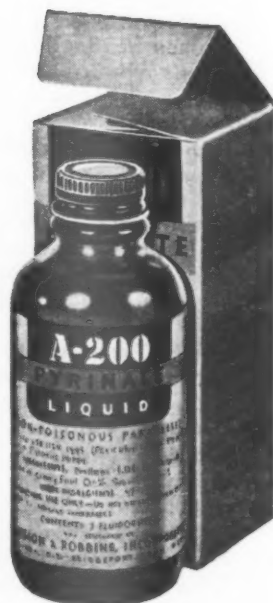
**KILLS HEAD, BODY, CRAB LICE
AND THEIR EGGS...ON CONTACT!**

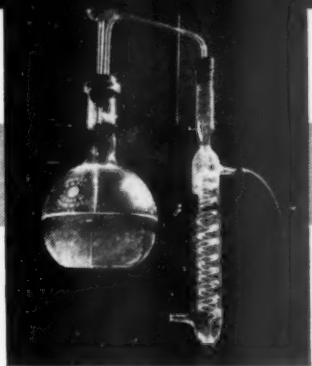
THE ACTIVE INGREDIENTS of A-200 are Pyrethrum extract activated with Sesamin, Dinisroanisole and Olearesin of Parsley fruit, in a detergent-water-soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man. The efficacy of A-200 was proved in 8,000 clinical cases in the District of Columbia jail.

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A Product of McKesson & Robbins, Inc., Bridgeport, Conn.





Science Shorts

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*

In the last 50 years, the ratio of elders to those at the main working years of life has increased by nearly two thirds, according to the Metropolitan Life Insurance Company.

*

NPH Insulin, a new modified insulin, released in October by Sharp & Dohme, does not reduce the blood sugar level as promptly as does unmodified insulin, but it does act faster than Protamine Zinc Insulin and is usually effective 28 to 30 hours; thus one daily dose—given subcutaneously before breakfast—will maintain desirable levels of blood sugar during the fasting period. When substituted for regular insulin fewer night reactions and fewer instances of high urinary sugar levels during the day can be expected. However, since it does not develop maximum effect for seven to eleven hours, diet must be adjusted with the prolonged blood sugar-lowering effect in mind.

*

Urinary tuberculosis symptoms have been relieved by the use of streptomycin and chaulmoogra oil, Dr. Martyn Schattyn of St. Louis told a regional section of the Ameri-

The first mumps vaccine was recently introduced commercially by Lederle Laboratories after more than ten years' joint research with the National Institute of Health. Since only one year's immunity is assured, the vaccine is not recommended as a routine preventive measure but is expected to be useful where children and adults are housed together in close quarters or when there is a possibility of a mass outbreak in schools, camps, institutions and military installations. At the present time, however, the Army has no plans for using the vaccine.

*

The U.S. Atomic Energy Commission has announced that eye cataracts, considered to be delayed effects of radiation, have been discovered among survivors of the Hiroshima atomic bomb attack.

*

The *Statistical Bulletin* of the Metropolitan Life Insurance Co. reports a higher birth rate among women past the prime of reproductive life. It attributes this increase to improved economic conditions, an increase in the number of married women at the later childbearing

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22

can Urological Association. He warned, however, that the treatment is no substitute for surgery, nor does it destroy all tuberculosis bacilli.

*

A recovery rate from influenzal meningitis of 96 per cent following treatment with sulfadiazine and streptomycin is reported in a recent JAMA. Before the use of sulfa and antibiotic drugs, the mortality from the disease was 90-100 per cent.

*

A father whose baby was scalded by hot bath water has designed the Thermo-Scopic Spray, a heat-treated plastic spray with temperature readings marked on a detachable head.

*

A 100 per cent rapid, non-complicated recovery of 25 patients with severe pneumonia, both lobar and virus types, who were treated with the newest earth-mold drug, terramycin, at Columbia-Presbyterian Hospital, N.Y., was reported in the JAMA this past summer.

*

Treatment of diabetic children with sex hormones and smaller doses of insulin increased their stability in handling starches and sugars, according to a report presented by two Spanish doctors at the International Congress of Pediatrics.

*

Today's babies double their weight by the third or fourth month, while 10 years ago they needed until the fifth or sixth month for the same achievement, according to a report on continuing studies made at New York Medical College.

December R.N. 1950



3 Questions every Nurse is asked

"Which evaporated milk should I use in my baby's formula?"

1

When you answer "Carnation," you name the milk which has been approved by doctors for more than 50 years. And Carnation protects the medical profession's recommendation by maintaining unsurpassed standards of safety, uniformity and nutritive value. Every can of Carnation Milk is processed with "prescription accuracy" in Carnation's own evaporating plants, under Carnation's own strict supervision.

"Should I change to regular milk when baby goes off formula?"

2

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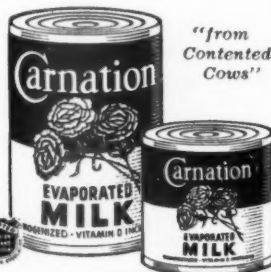
"How can I wean my baby from bottle to cup-drinking?"

3

Doctors (and mothers!) know from experience that Carnation offers a valuable plus during this difficult period. For baby makes the radical change-over from bottle-drinking with far less resistance when *familiar-tasting* Carnation is used in the cup. Here again, Carnation's can-to-can uniformity—in butterfat, milk solids content, curd tension, and viscosity — is a positive factor in eliminating the possibility of digestive disturbances.

MOTHERS ASK YOU countless other questions about the care and feeding of babies, so send for "Your Contented Baby"—a booklet which many nurses have found helpful.

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You'll get many a laugh, Beedee, when you look back on some of the experiences you encountered during your student days, but they are all part of learning.

You don't realize it, perhaps, but the things that are happening to you have happened to student nurses since time immemorial, and will continue to do so for years to come. You may not realize either that we at B-D learn a great deal from your experiences. Not long ago, for example, we studied the handling of hypodermic syringes by nurses in an effort to determine the principal causes of breakage. Out of our studies we developed a Ready Reference Chart of the 11 most common types of syringe breakage and how they can be avoided. This chart, together with suggestions for the proper routine care of hypodermic syringes will be sent free to any nurse on request. Why not send for your copy today? Address your request to Dept. 34—M

Our thanks and a gift of B-D products to Edna Miller, R.N., of Vallejo, California, who submitted the idea for this month's cartoon.

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CHRISTMAS REFLECTIONS

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CHRISTMAS, 1950: Living in a world spinning in the shadow of the atom, and again experiencing the reality and pathos of another fighting war, one we have not yet won, there is much to think about, much to reflect upon. Memories close in on us—happy recollections: Merry Christmas . . . the universe pivoted around us—the day was ours—we were children—we loved the Nativity Story—we felt a closeness to the Christ Child and in our young minds recognized the crudeness of the manger cradle . . .

Then we were young adults—very young—preparing ourselves for service to mankind, learning how to care for the sick, the stricken, the injured. We magnanimously gave up our Christmas—still young enough to have pangs—but so filled with our ideals, of the sacrifices we were making for our patients . . .

Suddenly war struck, the first war for most of us. With our preparation to serve our fellowmen behind us, we spent our parting Christmas with our families—always present the half-thought fear of it being our last . . . Our first Christmas on foreign soil—at war—that hollow pain boring in our stomach pit, that gnawing homesickness and suddenly, secretly, the torrent of tears welling over—the tears held back since childhood—tears for all the Christmases that weren't like the Christmas we were led to expect . . .

Another Christmas at war, and another—we grew up during those years. The frustrated anger, the exploding outrage when the enemy violated our day of days—bombs raining around us—some near misses, some direct hits—ack-ack spitting out death to the blasphemers—the church bells stilled and our prayers sent upward—not to the Infant in that hallowed manger, but to Him who gave us the Law of Love, the highest law of the universe, higher even than the law of destruction. It was to the Christ who suffered under Pontius Pilate and who changed the destiny of the world we prayed then.

Despite the engraved memories of the past and the threatening clouds of the present, we are once again preparing for the birthday of Christ and its accompanying season of joy, and the heartfelt wish for the season's greetings—

"May we have peace on earth, goodwill to men."

MERRY CHRISTMAS

—Alice R. Clarke, R.N., Editor

Fifty-One Patients Later

Readers may recall the article, "Little Acorns—Rehabilitation of the Very Young," by Jean De Witt (R.N., March, 1945), in which the children's rehabilitation program at Hyd-A-Way Ranch, Marshfield, Mass. was described. Now, five years and 51 patients later, R.N. makes a progress report on this program of the Ranch's energetic director, Martha White, R.N., and her supervising agency, the Children's Mission to Children.

Great changes have taken place at Hyd-A-Way Ranch since the project was first started three months after Pearl Harbor, but the biggest changes have occurred in the past few years. There are now more patients, more adequate equipment, additional activities and, of course, more work than when the program was first reported, but there has also been an increase in results.

The home continues to be supervised by the Children's Mission to Children, a voluntary agency for children with medical problems, founded over one hundred years ago as an outcome of a child in a Unitarian Sunday School wishing to help other children in need. The child's wish has indeed been fulfilled. Her father and others formed the first sponsoring committee, while Sunday School children's pennies became the nucleus of a fund. An institution was built but later the Mission began to place children in foster homes, and it now specializes in medical foster home care for convalescent children who can-

not be taken care of in their own homes.

About sixty of the Hyd-A-Way patients have come from hospitals after a bout with rheumatic fever, chorea or other diseases associated with a long convalescent period. And more recently, asthmatic children have found the relaxation and security of living at the Ranch particularly beneficial for their condition. The children come from all types of homes and social backgrounds for there are no restrictions as to race, religion or finances. Patients accepted for admission are usually within the age range of two to twenty-one years and must have no infectious disease.

This particular home at Marshfield, Mass., is one of about twenty medical and non-medical foster homes that are approved and supervised by the Mission. In the foster homes which care for bed patients, described by the agency as "medical homes" or "group bed homes," an R.N. may be in charge; foster mothers who may not be registered

nurses operate "non-medical" or "up homes" for ambulatory children with medical problems whose activities must be restrained. These substitute mothers are selected for the qualities that would be found in any good mother and for their understanding of a child's normal reaction to any illness.

When young patients in medical homes are ambulatory for an eight-hour day, they may be transferred to non-medical homes such as Mrs. White's, where the stress is on a natural family environment. Activities must still be restricted but the patient may take part in family life. Year-round care is given but many children who, although they have recovered from a disease are not yet well enough to attend a regular summer camp, may spend their summers in these homes. Although the agency would prefer to limit the number of patients in a home to six, as many as ten children may be provided for.

The choice of a home for foster care is made by the agency, which

sends a home finder to study the location and facilities of the prospective home. Some of the factors which influence the agency's decision are heating facilities, location of bathroom and stairs, rooms available for isolation, space for teaching and occupational therapy, yard space and transportation facilities.

The foster mothers have financial agreements with the agency for providing foster care. These agreements, usually in effect for a year, are not binding but may generally be changed as desired. At the end of a year, the foster care of the home is evaluated with a view to improving the service.

The Mission serves hospitals, clinics, private physicians, social agencies and parents. The average number of patients who are cared for

Ernest Benshimol, Jr



December R.N. 1950

at any one time is about eighty. Parents pay when they can but the acceptance for placement is based on whether the service will help the child and if there is a vacancy. When the parents cannot pay, the Mission pays the \$10 to \$24 weekly board fee for the foster care; the fee depends on the amount of care needed and does not include expenses for clothing, medicines, allowances and incidentals such as haircuts, which are charged to the agency. In keeping with inflationary times, the board rates have jumped decidedly from the 1945 rate of \$7 to \$10 weekly.

After the request for foster care reaches the Mission, parents and child join the social worker in the plans for placement in a home. The four social workers of the Mission are largely responsible for the placement of the children and attempts are made to place them where they will be happiest. Parents may visit the home before deciding about placement of their child. After the child is placed, the social workers act as coordinators between the foster home, the parents and the referring hospitals or physicians.

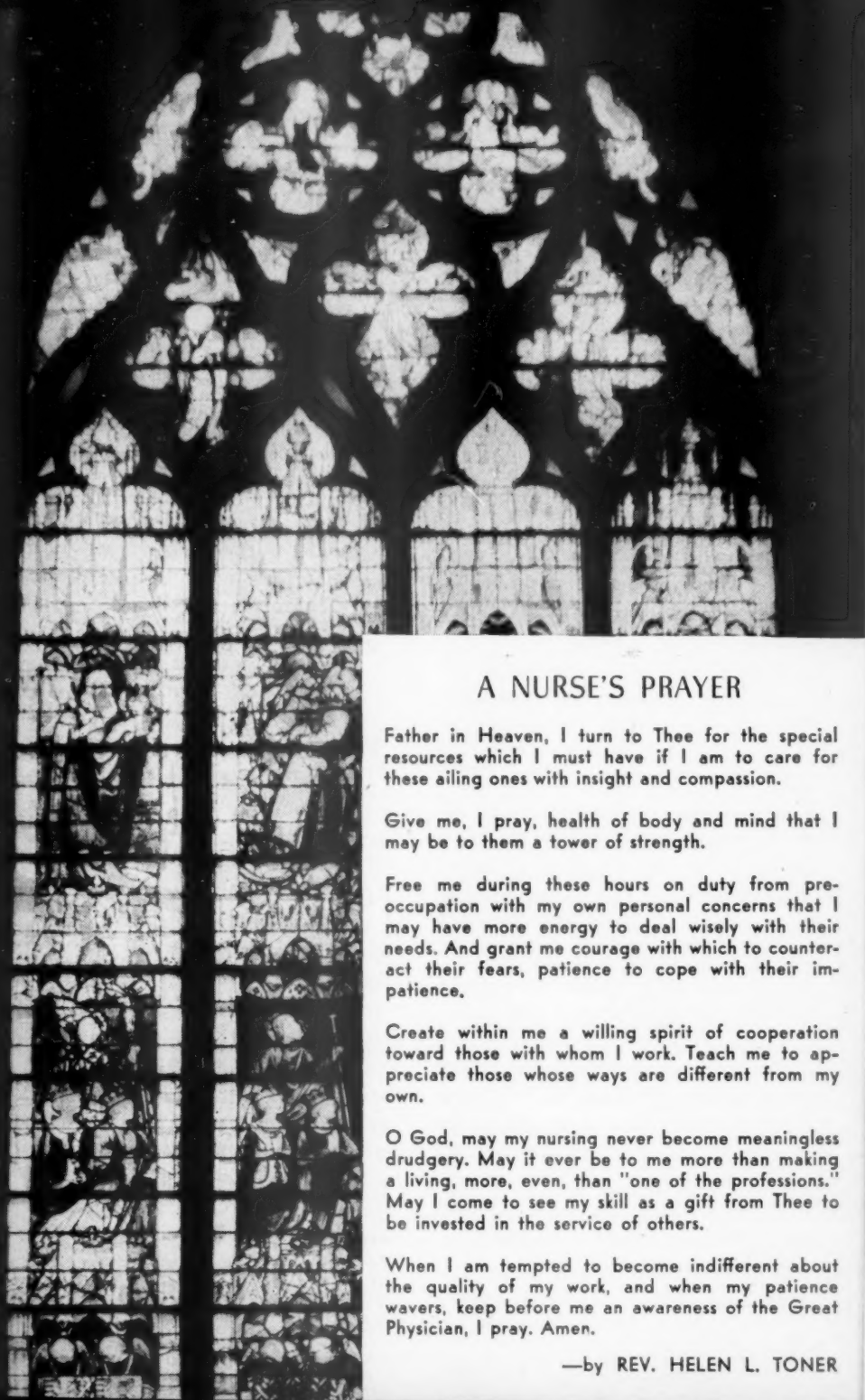
The part-time medical director of the Mission who is a specialist in rheumatic fever—approximately 50 per cent of the Mission's patients have had rheumatic fever—visits the "group bed homes" regularly and may be consulted on any case cared for by the agency. There is also an assistant physician who makes home visits. In the non-medical foster homes like Hyd-A-Way Ranch, any illness, however slight, is re-

ported to the agency immediately.

Among other personnel available for the needs of the small patients is a laboratory technician who pays regular visits to "group bed homes." There is also an occupational therapist, a full-time staff member, who teaches activities such as leatherwork, sewing, woodwork to those confined in the "group bed homes." Nurses from the Visiting Nurse Association of Boston may be called upon to give nursing care in the foster homes when needed. Education is not neglected, for teachers are supplied by the Department of Education and churches send out volunteers who give the patients instruction in their own religion.

A planned program is considered by the Mission to be a requisite of a good foster home, for these children need a more or less routine schedule to restore them to health as quickly as possible. The daily schedule at Hyd-A-Way Ranch has been revised considerably during the past five years, one change being necessitated by the advent of television. All Hyd-A-Way Ranchers are ardent video fans.

There are, of course, many physical and emotional problems that arise when a child's busy life is suddenly changed to one in which energy must be conserved. But the Mission-sponsored team of physicians, nurses, social workers, foster parents, occupational therapists, school teachers and other specialists gets these children off to a good start by correcting not only their physical difficulties but also easing [Continued on page 70]



A NURSE'S PRAYER

Father in Heaven, I turn to Thee for the special resources which I must have if I am to care for these ailing ones with insight and compassion.

Give me, I pray, health of body and mind that I may be to them a tower of strength.

Free me during these hours on duty from pre-occupation with my own personal concerns that I may have more energy to deal wisely with their needs. And grant me courage with which to counteract their fears, patience to cope with their impatience.

Create within me a willing spirit of cooperation toward those with whom I work. Teach me to appreciate those whose ways are different from my own.

O God, may my nursing never become meaningless drudgery. May it ever be to me more than making a living, more, even, than "one of the professions." May I come to see my skill as a gift from Thee to be invested in the service of others.

When I am tempted to become indifferent about the quality of my work, and when my patience wavers, keep before me an awareness of the Great Physician, I pray. Amen.

—by REV. HELEN L. TONER



CANDID COMMENTS —

■ EVERY PRACTICING nurse has a vital interest in the "Functions Study of Nursing" voted for by the ANA House of Delegates last May. It is not "just another survey." It can and should become one of the most meaningful and productive projects ever taken on by the profession. Its findings should be of value to all good nurses wherever they may practice.

The purpose of the study is simple—to learn what are the functions of nursing in all its aspects according to present-day practices and purposes. The job itself will be tough and challenging. Nursing has travelled far from the day when the nurse did everything the doctor didn't do. Today it is a stratified service that in a single institution involves a variety of workers from the nurses' aide to the nursing director. This variety changes with different types of institution, and it changes again as we get into the special branches.

Hard as the job may be, it will be easier to do than not to, for before we can answer some of the most troublesome questions regarding the curriculum, legislation, economic security and the place of the non-professional worker, we must know more precisely than we do now just what is professional nursing.

In the past 50 years, we've

emerged from the hill-bound trails of a young profession finding itself. The core of our work is still in the sick-room where the battle of life and restoration are endlessly waged, but its periphery of service extends far beyond hospital walls, and its tasks extend far beyond the care of the acutely ill. Nursing has passed through its adolescence—when it was too unsure to speak firmly and with conviction for itself—to the stature of a partner in the health professions. Nursing has been a strong factor in the great strides our country has made in the past few decades, and it faces even greater achievements.

This development has been a part of a larger movement on the health front. The diagnosis and treatment of illness and accidents, the prevention of illness and accidents, the promotion of health have all become a matter of team-work between doctor, nurse, technician, nutritionist, nurses' aide and still more. None of these agents can successfully practice alone. As team-work has developed, some of the lines of demarcation between these agents' fields have become blurred and crisscrossed. This is especially true of nurses, some of whose earlier tasks have been taken away but who have been given a considerable variety of new ones. We have reached the point where it is important for us to trace out new and

What is Professional Nursing?

more distinct lines of demarcation.

Most nurses are so deeply engrossed in the pressing events of their everyday jobs that they cannot fully appreciate how greatly nursing practice has changed. It is essential for us to realize this or else we may become afraid of and resistant to the changes that still must come as our profession holds its own in the march of health. When we understand these events and the social forces that underlie them, we lose our fears and lend our shoulders. "In the nursing profession," says Louise Knapp "steady progress toward well-considered goals is a safer route than sudden forays over uncharted ground."* The better we are informed and the more we participate as members, the more do we realize that these goals are not *against* any segment of our group, but *for* the advancement of the profession. In the end, the quality of our service to the community determines the quality of the opportunities before nurses.

At the turn of the century, the most perilous business in life was to be a child under five. Contagious diseases maimed and killed children ruthlessly. The child emerging unscathed from this period became prey to tuberculosis, typhoid, pneumonia. Nursing was a constant battle with

**Nursing Schools at the Mid-Century*, Committee on the Improvement of Nursing Care, 1790 Broadway, New York 19, N.Y.

by Janet M. Geister, R.N.

death; a long, bitter, sleepless contest. At the end, with death or victory, the nurse slept for 24 hours, repacked, and began another siege.

Then came the sanitarians with clean water and milk and better sewage disposal. Medical science brought serums and antitoxins. Public health nurses went into homes and schools to teach simple lessons of home and personal hygiene, and the reasons for screens and iceboxes. The drop in sickness and death rate from preventable diseases was one of the most dramatic events in American health history. The "sulfas" came, the antibiotics, and still more antibiotics. Better x-ray and other mechanical diagnostic and treatment aids were developed. Emphasis on better nutrition, mental hygiene, psychiatry, the wide use of whole blood and plasma, and later, isotopes, entered the scene.

As a result of these things, the evolution that was occurring in the health of our people became a revolution. Childhood became our safest period, and the emphasis in health work shifted to the adult group. Extra years were added to the span of life. People saved from early deaths from typhoid and diphtheria lived on to develop a wide variety of adult ills: arthritis, heart and kidney conditions, cancers. And people lived

longer to die more quickly in automobile smash-ups. The very nature of medical practice changed. Doctors transferred the bulk of their patients to hospital and office practice; hospitals enlarged and multiplied. Diagnostic and treatment methods were concentrated and increased, early ambulation introduced, and acute illness and postoperative periods were much shortened.

The effects of all this on nursing education and practice were mighty. As medicine and public health found new ways to save and conserve life, nursing was on their heels with new practices and principles for the nurses' part in these movements. Nursing, already considered essential in health activities, became even more essential to human welfare as the profession reached out to serve people in industry, business, school, and homes. Federal, state, county and city governments and the armed services absorbed huge numbers of nurses. Doctors brought many thousands of nurses into their offices.

Each health advance has added to the curriculum. It cannot be trimmed off until we know better what is the function of the professional nurse. Nor can general staff nursing come truly into its own important place without that knowledge. As doctors became busier, they turned more tasks once considered the practice of medicine over to nurses. The line between doctor and nurse became dim in spots, but through no fault of the nurse.

The most spectacular change came in institutional staff nursing. Once

our smallest field, with but a few thousand nurses 20 years ago, today it is by far our largest. This field grew so rapidly that its problems outdistanced our resources for handling them. But this is a transitional state; inevitably these problems will be levelled off as the intelligent attention they are receiving bears fruit.

As nurses have become busier some of their tasks have been taken over by non-professional workers. The present theoretical division of work between the two groups is not satisfactory, and in actual practice there are occasions when a stronger adjective applies. At the same time, many nurses still perform tasks that could be done by a non-professional worker. Viola Bredenberg, reporting on an experiment in team-work at Catholic University, states that the head nurse without a ward clerk spends 37.8 per cent of her time in specific, non-nursing, clerical duties, and the staff nurse, 3.1 per cent of her time.* We have all seen instances where the ratio of time spent by professional nurses in non-nursing tasks must be even higher.

The heaviest burden resulting from the advances in health practices fell on nursing education. Each turn of the wheel brought new demands on the educators. Today's graduate must be soundly trained in well-rounded care of the patient in all his mental, psychological, social as well as physical aspects. The extraordinary difficulties of achieving anything like this ideal with the financial and other limitations of our nursing schools are

**American Journal of Nursing*, October, 1950.

enormous. I urge every nurse to send \$2.00 for a copy of *Nursing Schools at the Mid-Century*. This simply written book will, I feel sure, dispel fears and help nurses understand that the educators' emphasis is not on abolishing diploma schools but on *abolishing unworthy schools of any kind*. It will also help nurses understand why a function study is needed.

A functional study of nursing should help us in many ways. The first studies will be made in institutions for there the need is most acute, but all branches of nursing need a clearer understanding of nursing function. We need to conserve our forces. Margaret West foresees no appreciable gain in our annual output of 31,000-32,000 graduates in the next 10 years. Young graduates tend to leave the profession for matrimony at a much more rapid rate than earlier, though the trend is to return when the children are grown. Also, 75 per cent of all nurses, active and

inactive, are married as against 41 per cent in 1927.*

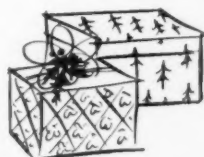
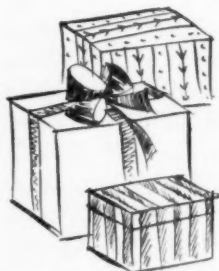
One of the things I greatly hope will result from, or follow, a functional study is the "discovery" of better ways of using nurses who may be handicapped by years or some physical loss. Nursing is generally looked upon as demanding good feet and a strong back as well as an intelligent head and disciplined soul. The "handicapped" nurse is hard put to find a place for the wisdom, experience and skills she yet has to give. Industry is blazing a splendid trail in its growing philosophy of placing workers according to their abilities and letting the disabilities take care of themselves. Why can't nursing?

Nursing cannot greatly extend its annual number of graduates. Therefore it can meet the increasing demands on it by a better use of what it has. A functional study is a major, first step in this direction.

*Ibid.



May all your useless presents hold
 Endearment worth their weight in gold.
 Remember friendships on this day.
 Rejoice that every heart can stay
 Young with a merry roundelay.
 Xmas means no costly gift.
 Most humans need a kindly lift.
 A pleasant word and friendly smiles
 Send out a Christmas cheer for miles.



ALTA BEANE, R.N.



Visiting Nurse Service of New York

CAN WE INSURE NURSING?

Part II

■ IN THE FIRST PART of this article little hope was held for the widespread inclusion of private duty nursing service in medical care plans. Excessive cost, difficulty in controlling use of service and shortage of nurses were cited as some of the factors which prevent this type of nursing from being offered as an insurance benefit. Whether these obstacles are as serious as supposed must be proved by further research and experimentation. However, in the meantime, we should not be diverted from our long-range goal of

including nursing in medical care plans for there is another type of nursing which holds more promise of serving our insurance purpose.

On many counts visiting nursing appears to be a better choice at this time for inclusion in medical care plans. Since this type of nursing places emphasis on health teaching and preventive medicine, a field now largely ignored by existing medical care plans, it could prevent many cases of illness by encouraging people to seek medical attention before or in the early stages of dis-

ease; the provision of this service over a long period of time might significantly decrease the incidence of disease and hospital usage. Also, the judicious utilization of visiting nurse insurance service by doctors should cut down a number of physicians' services now charged up to medical care plans. Viewed in this light then, the addition of visiting nurse service could result in a saving rather than an expense to the comprehensive health plans which elected to include it.

There is no disputing the fact that visiting nursing service as an insurance benefit would be less costly to the subscriber or policyholder than private duty nursing service. Also, this type of insurance would not be so affected by a shortage of nurses since patient care is limited to a short period of time. Because of this time restriction, patients would not be as tempted to ask for unnecessary service as they would in the case of private duty nursing where care is provided over longer periods. By its very nature, visiting nursing as an insurance benefit should prove economical both of the nurse's time and the patient's pocketbook.

It is difficult to find extensive studies showing the exact amount of institutional care saved by the use of visiting nursing but it is reasonable to suppose it is considerable and could be even more so if people were offered this form of nursing as an insurance benefit. In a 1936 survey of visiting nurse service in Westchester County, N.Y., to

determine the advisability of a group prepayment plan for providing visiting nursing (a plan which was never carried out), it was found that "visiting nursing for post-hospital care, which appears to present possibilities for practical economy, is not being widely used. Reports by physicians on 1,002 paying patients discharged from 30 hospitals showed that 298, or 30 per cent, needed follow-up nursing for which visiting nursing would have sufficed. Only 41, or 4 per cent, needed full-time nursing. Of the 298 patients who, in the opinion of their doctors, did require nursing aftercare, only 14 per cent received this aftercare.

"The doctors reported that 106 patients could have been discharged from the hospital earlier had visiting nursing care been assured under a group plan with a saving of 832 hospital days and \$3,500 in hospital bills. Furthermore, a few cases, the doctors stated, would not have had to go to the hospital at all had home nursing been available."*

The fact that the aged, a group particularly prone to chronic diseases, are steadily increasing provides another valid argument for the provision of visiting nurse insurance, for it is well known that the use of visiting nursing service by these patients results in a saving of hospitalization. This has been illustrated by the hospital programs

**Modern Hospital*, Dec., 1938.

by Frances Lewis, R.N.

which provide care for chronically ill patients in their own homes, frequently with better therapeutic results than in the hospital. In New York this program, which was pioneered by Montefiore Hospital, has been successfully carried out by that city's Department of Hospitals. Nursing care of these patients is given through visiting nurse associations which charge the Department of Hospitals on a cost-per-visit basis. The cost of caring for the patient in this manner is only about one-fourth of the hospitalization cost.

Many other chronically ill patients not under this type of hospital program could benefit from visiting nursing insurance. Here is a typical case taken from the files of a large visiting nurse association:

Mrs. M., a 75-year-old woman, became ill with symptoms of intestinal obstruction. A colostomy was done with the diagnosis of cancer of the cecum. Discharged from the hospital two months later because of lack of finances, she was referred to the VNA by her private physician. Her condition was poor at the time of discharge; she had decubital ulcers, a poor appetite and was mentally depressed. The visiting nurse taught the patient's husband to do the colostomy dressings, since they needed to be done frequently. The results of the home treatment were amazing. The patient's ulcers healed; she was able to sit up for meals and enjoy them. But the most gratifying change was in her mental outlook for she became interested in planning the

meals, doing the mending and other household chores. Without the services of a visiting nurse to bathe her and teach the husband how to do the necessary dressing, continued hospitalization would have been necessary. At the age of 75, it is doubtful whether Mrs. M. would have improved in the hospital.

But, you may say at this point, patients are already being cared for by VNA's. Why should they be insured? There are two answers to this. One is that there might be more people who would avail themselves of this service if it were offered as an insurance benefit and not according to their ability to pay the cost of the visit. The other is that the VNA's, as voluntary, non-profit agencies, desperately need a more stable financial base for their work. Contracts with medical care plans would give this necessary financial support and enable them to provide better nursing service.

Another non-profit agency, the voluntary hospital, may derive about 65 per cent of its support from insured patients. On the other hand, the funds of a particular urban VNA run something like this: 15 per cent patients' fees, 5 per cent industrial and other contracts, 5 per cent official agency contracts, 20 per cent from insurance companies and 55 per cent from contributed sources, mainly community chests. And now that the Metropolitan Life Insurance Company has served notice that it plans to terminate its visiting nurse service and consequently its contracts with vis-

iting nurse agencies, there will be even less income accruing to the VNA's. In 1949, for example, the MLI provided care for 357,270 policyholders and made 1,491,819 visits. On the basis of a sample of 124 agencies, this represented 12 per cent of an agency's total visits.

Why is the Metropolitan discontinuing this 41-year-old service, which is not an insurance benefit but an extra service for certain of its policyholders in the U.S. and Canada? The official announcement of termination gives the following reasons: the increasing number of agencies providing public health and bedside nursing services; local health department participation in nursing; *voluntary sickness insurance programs with nursing benefits*;* ex-

*Italics ours

panded medical facilities; new medical discoveries which lessen incidence and shorten duration of illness; increased hospitalization; and finally, the small percentage of policyholders using the service.

All these reasons appear valid—except the italicized one—but they only scratch the surface. In a 10-year period the number of Metropolitan cases of the affiliated agencies in the U.S. dropped from 377,088 in 1940 to 203,242 in 1949 and the number of visits from 1,732,966 in 1940 to 795,817 in 1949. What created this downswing? Have other VNA visits dropped this much? Perhaps we will find the answer in the figures of one VNA located in a middle western city. In comparing 1949 visits with those of 1940, this VNA found that its Metropolitan visits had decreased

Probie



"Merry Christmas."

63.5 per cent while its own had fallen off only 5.7 per cent. The reason for this discrepancy: Metropolitan visits are largely to acutely ill patients (only six visits are allowed to chronic disease patients) and over the past 10 years the number of chronic cases has climbed steadily while the number of acute cases has declined. In 1940, 70 per cent of the VNA's morbidity cases were acute and 30 per cent chronic. But in 1949 the pendulum had swung the other way—75 per cent were chronic and 25 per cent acute.

It is probably correct to say that another important reason for the dissolution of the Metropolitan nursing service—not mentioned officially—is the high cost of the program. The cost per nursing visit has risen considerably since the program's inception—from 50 cents in 1909 to an average of \$2.06 in 1949. And it must be remembered, too, that this service has not been an insurance benefit paid for by premiums; it has been a voluntary service provided by a life insurance company whose goal is primarily the conservation of life.

How will the VNA's make up the deficit resulting from the loss of MLI funds? Faced by this financial crisis, many VNA officials express the same opinion as that of Mrs. Alice K. de Benneville, executive director of the VNA of Allegheny County in Pittsburgh, Pa., who says, "It is my feeling that this gap in budget will have to be filled through extension of service to more persons who can pay for it, and that a great many more persons can pay the costs of nursing

service only through their participation in some kind of prepaid medical care plan which includes nursing." An NOPHN study has recently been launched to determine the effects of the Metropolitan withdrawal on a typical urban agency. This study will also explore opportunities for other sources of income which can replace the Metropolitan funds.

So far we have discussed the imperative need for including visiting nursing in medical care plans. But what has actually been done in this respect?

One serious attempt to initiate a project of this nature in Westchester County in the '30's unfortunately died a-borning. But in 1944 the Associated Hospital Service, the Blue Cross Plan of New York City, considered drawing up contracts with the visiting nurse organizations of Westchester in order to find out whether the service could be sold and what its utilization, cost and mode of operation would be. Marian G. Randall, executive director of the New York VNS, had already worked out a plan which included both visiting and private duty nursing, but due to the scarcity of nurses at that time private duty nursing inclusion was discarded as impractical and attention was centered upon the possibility of offering only visiting nursing service.

The Associated Hospital Service approved the intent of the study and referred it to the United Medical Service (Blue Shield), the organization which could legally carry out such an [Continued on page 57]

R.N. *Fashion Notes For Nurses*

by Suzanne Chapman

SHOP TALK • THE NEWS • QUESTION BOX

—SHOP TALK—



THE NEWS: Utility

THE PRICE: \$7.00

Here are some answers collected from nurses of varying ages, sizes and shapes to the question "what is of prime importance to you in a uniform?"

1. A uniform that's neat, tailored and functional.
2. A uniform that has big useful pockets.
3. A uniform that fits well and comfortably.
4. A uniform that comes up smiling from the washtub.

So, scouting around, we hit on this one. It's tailored and tucked, has pockets **that** deep. It's cut full and well. And it's sanforized cotton poplin. A Dix-Make uniform, and you can have it, style 502, with long or short sleeves.

Sizes 9 to 15, 10 to 20.



THE NEWS: The Two-Way Coat

THE PRICE: \$75.00

If you like full flare coats because they slip with ease over everything, even bulky suits — yet also like the figure flattery of cinched-in coats — you can have both silhouettes with a single investment! This is the double

play coat designed to cover every occasion, and handsome both ways. It's fashion news in deep, deep cuffs, hip pockets, buttons galore. Not every budget allows a new coat a year, but if this is the year—this is the coat. Cosy, too, in wine, green or black wool. By Leeds, Ltd.

Sizes 10 to 18.



FASHION INVESTMENTS



THE NEWS: Portrait Neckline

THE PRICE: \$30.00

Picture yourself in this. A dress with sweetly bare cuffed neckline, tiny waist and yards and yards of wide skirt that rustles as you walk — or dance. For big evenings like New Year's, it's about the most becoming dress you could find! Designed by Sheila Lynn in velvety taffeta. Mink brown, green, blue or red. Sizes 10 to 16.



▲ Guess How Much?

Much less than you'd expect! For this is the unlined suit you'll live in 10 months a year — for years — it's that classic! You'll wear it with scarfs or blouses or jewelry or "as is." In fact, it's such a good little suit, it might be smart to buy two at a time, in different colors—and switch jackets and skirts around to make contrast costumes! Designed by Nan Buntly in "Brooktone," a crease-resistant rayon with a men's wear finish woven exclusively for Nan Buntly. White, pink, seaspray, Indian yellow, peacock blue, beige, red, coral, navy, black, grey, mocha.

Sizes 10 to 20, \$13.95.

Sizes 14½ to 24½, \$14.95. ▼

THE NEWS: Young Styling—
Women's Sizes

THE PRICE: \$25.00

For the many nurses who requested it, here is a slender-line dress. The neckline is a becoming "V," the sleeves glitter with a touch of beads, the side-cascading tucks give the illusion of height. What's more, it's scaled to fit you with little or no alterations. Wine or black rayon crepe. Designed by Joe Richman.
Sizes 16½ to 24½.





— More Shop Talk —

THE NEWS: Vestee Slip

THE PRICE: \$6.00

Beautiful lingerie can also be practical. Here's an example. A slip that smoothly underlines your uniform, washes well, irons easily. Wears well, too! It also fills a specific need for your street wear fashions. The Venice lace vestee is backed with self-covered fabric for greater opacity — doubles as a fill-in for open-necked dresses, and also makes a pretty show under sheer or semi-sheer blouses. By Seamprufe in multifilament crepe. White and colors.

Sizes 32 to 38.

— ? ? QUESTION BOX ? ? —

Dear Miss Chapman:

I am planning a trip to N.Y.C. and then on to Florida in January. I will be gone about two months, travelling by car. I would appreciate some help as to the clothes I will need.

L.D.B., R.N.
Defiance, Ohio

ANSWER:

For your New York trip, I suggest a suit, several changes of blouses, a dark afternoon-and-on-dress, and of course a coat. If you intend to spend much time in New York, then also include a sheer wool basic dress.

The suit will be ideal en route to Florida, and many evenings you'll find the dark dress invaluable.

For Florida, pack two swim suits, a beach coat, a sun dress, several of your summer cottons, a dressy dress and a short coat. Hats are optional as they are seldom worn in Florida resorts.

You'll find that dressing for a southern vacation is much the same as for any summer shore point.

— ? ? ? ? ? ? ? ? —

For names of stores nearest you with the fashions covered this month, write:

Suzanne Chapman, Fashion Editor
R.N. Magazine
Rutherford, New Jersey

Practical Nurse Discrimination

■ FROM WASHINGTON, D.C., the scene of a recent Federal Trade Commission suit against a commercial practical nurse school [R.N., Sept.], comes word of another controversy on practical nurse education.

The bone of contention, already chewed on editorially by the *Washington Times-Herald*, is the unequal status of Washington's two practical nurse programs, one conducted by the Anna Burdick Vocational High School for white girls and the other by the Margaret Murray Washington Vocational High School for Negroes.

Students of the Margaret Murray Washington school, accredited by the National Association for Practical Nurse Education, receive their clinical experience at Gallinger Hospital under a full-time supervisor, but the Burdick school students do their hospital work at Providence Hospital where the school authorities supply a professional supervisor only twice a week. The result is that of the two schools, only graduates of the Negro school are eligible for Civil Service appointments and licenses enabling them to practice in those states which require licensure.

Since both of the schools belong to the public school system under the jurisdiction of the District Educational Board, it is difficult to see why these double standards are allowed to exist. Undoubtedly, though, part of the confusion might be

traced to the different attitudes of the assistant superintendents of the respective schools.

Officials of the Burdick institution state that they do not have enough funds to provide a full-time supervisor; that the enrolment has been too small (the last graduating class had 21 students, one less than the Negro class); and that there is no necessity to comply with NAPNE standards in Washington as the law requires no certification.

One of the ironies of the situation is that even in Washington, Burdick school graduates may not work in government hospitals because of Civil Service regulations. On the other hand, 97 out of the 122 practical nurses graduated from the Margaret Murray Washington school, since its accreditation two years ago, are employed by government hospitals in the District—Freedman's, Walter Reed, Gallinger and St. Elizabeth's.

In an editorial urging the Burdick school to meet NAPNE standards by employing a full-time supervisor, the *Washington Times-Herald* also asked school authorities to "study the question of requiring licenses of those who do practical nursing in the District so that they will be qualified to work anywhere in the country under reciprocal agreements." Unfortunately, the newspaper overlooked a more important feature of practical nurse licensure, that of safeguarding public welfare.



Gall Bladder Tribulations

by Frances Lewis, R.N.

■ THE UNFORTUNATE victims of gall bladder disease have double trouble: first, they must often eliminate from their diet the foods they like best and, second, they have to put up with acutely distressing symptoms. Although there is no sure way of preventing this uncomfortable affliction, it has been pointed out that obesity, pregnancy, constipation, bad dietary habits and lack of exercise may have some connection with biliary disorders. Obese women of middle age are said to be especially susceptible, so if you're fair, fat and forty you'd

better check your health and dietary regime.

The source of this digestive discontent, the gall bladder, lies underneath the liver, being bound to it by connective tissue. Shaped like a pear, it is composed of three coats, the inner one, mucous membrane; the middle, fibrous and muscular tissue; and the third, serous membrane. The organ measures approximately four inches in length, one inch in width and has a capacity of about 36 cubic centimeters.

The gall bladder represents a way

station for the passage of bile between the liver and the digestive tract. Bile acids and bile salts essential in fat digestion are produced in the liver and secreted in the form of bile through numerous small ducts. This secretion is then gathered into two larger ducts called the hepatic ducts which unite to form the common bile duct. A portion of the bile flowing through this duct may travel through the cystic duct which leads to the gall bladder or continue on to the duodenum where it is needed to carry out its function of aiding fat absorption.

Although the function of the gall bladder is not entirely understood it is considered to act chiefly as a reservoir for bile during the time when this fluid is not called upon for digestive duties. In these off-duty hours, the bile, held in the gall bladder by the contraction of the bile duct sphincter, becomes concentrated by the removal of fluid. As chyme, containing fat and acid, enters the duodenum, a hormone is released which causes the sphincter to relax and the gall bladder to propel its contents into the biliary ducts leading to the intestine.

The various dysfunctions of the biliary tract may be closely and confusingly related. For example, inflammatory diseases of the bile passages or the liver may affect the gall bladder or the biliary tract, and any of these conditions may be associated with the formation of stones. Furthermore, stones and biliary infections may lead to cancer of the bile passages. Because of this interrela-

tionship it is often difficult to discover the primary cause of the disease. For the purposes of clarity, therefore, each of the common biliary disorders will be discussed by itself.

Cholelithiasis, the presence of stones in the gall bladder or in the common duct (choledocholithiasis), is said to affect about 10 per cent of white adults. Although many theories have been advanced concerning the etiology of these concretions, their exact cause is still unknown. Biliary colic, the most painful symptom of gallstones, may be present or not depending largely on the location of the stone. If the stone is lodged in the cystic duct or the ampulla of the gall bladder, the characteristic symptom is a cramp-like pain beginning in the epigastric region after a heavy meal and becoming gradually more severe until it radiates to the right shoulder. Attendant signs and symptoms may be nausea, vomiting, fever, and transient jaundice with light or clay-colored stools and bilirubinuria (orange-colored urine). When the common duct is obstructed the same symptoms may be present but the jaundice is naturally more severe. Attacks in both cases may subside in a few hours with the stone returning to the gall bladder fundus or passing into the common duct or into the duodenum. One of the common after-effects of gallstones is cholecystitis, an inflammation of the gall bladder or nearby bile passages.

Cholecystitis may be acute or chronic. Although it is most commonly associated with gallstones it may be caused by an infectious or

ganism, generally one of the colon typhoid group; not infrequently this type of biliary disorder is co-existent with appendicitis. A mild case of the disease may produce only slight digestive symptoms but if the infection is acute with empyema of the gall bladder the patient will experience nausea, vomiting, pain, high fever, and exhibit rigidity over the gall bladder region. If pus is not drained off, this inflammatory process may lead to perforation, peritonitis, gangrene and involvement of other organs. The chronic type of infection is less dangerous and may follow an acute attack caused by less virulent organisms. The effect of this infectious invasion is a fibrosis of the gall bladder walls which may extend to the neighboring liver and pancreas. Patients with chronic cholecystitis frequently complain of gas pains, intolerance to fried and fatty foods and precordial discomfort which may result in a wrong diagnosis of coronary disease.

In acute suppurative cholangitis, where abscesses are formed in the bile ducts, pus may be carried to the liver and other organs causing numerous small abscesses which are difficult to treat. High fever with accompanying chills, jaundice, pain, and swelling over the gall bladder and liver indicate the severity of this condition.

Many diagnostic tests are employed in these biliary disorders but perhaps the most important is cholecystography in which the gall bladder can be visualized by x-ray following the oral or I.V. administration

of a radiopaque substance excreted in the bile. If the gall bladder cannot be seen by this method, it is evident that there is an obstruction to the neck of the organ. When the drug fills the gall bladder, deformities, stones and enlarged gall bladders may be diagnosed. Another check on the function of the gall bladder is to determine by x-ray how quickly the gall bladder empties after the administration of a fatty meal; disease is suspected in delayed emptying. Other diagnostic procedures commonly used are aspiration and examination of duodenal contents, liver function tests and, of course, urine and stool tests to check on the presence of bilirubin, the yellowish or orange-colored pigment in bile.

Bilirubin is derived from degenerated hemoglobin which has been carried by the blood to the liver where it is chemically changed and excreted in the bile. In the intestines, bilirubin is transformed by the action of intestinal bacteria to other break-down products excreted in the feces and urine and which are responsible for their respective colors. If there is some interference with the flow of bile from the liver to the duodenum, these bile pigments, instead of being excreted, are absorbed into the systemic circulation causing deep yellow urine, discoloration of the skin and sclera and clay-colored stools—all signs of jaundice.

At the present time, surgical treatment, supported by medical measures, is the preferred treatment of biliary disease. Cholecystectomy, or the removal of the gall bladder is

generally indicated for chronic cholecystitis with or without stones. If there is a stone in the common duct at the time of operation it is removed and the duct drained (choledochostomy). In cases of acute cholecystitis, surgery is usually postponed until the patient is afebrile and the infection is in the chronic stage. However, if the attack does not subside under medical treatment, and if there are signs of perforation or abscess formation, the gall bladder is either removed or drained (cholecystotomy) immediately. When the common duct is obstructed by an inoperative lesion such as cancer of the pancreas, another operation, cholecystenterostomy, may be performed; the gall bladder is sutured to the stomach or duodenum so that bile may pass directly into the gastro-intestinal tract.

Points to remember in postoperative nursing care are:

- ▶ Check dressing for bleeding and presence of drainage tube.
- ▶ If tube is present see that it is firmly fastened to dressing so that it will not be pulled out.



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- ▶ Presence of tube calls for drainage bottle and rubber tubing. (Be sure that drainage is allowed to flow freely and that it is measured and charted at stated intervals.)
- ▶ Watch color of stools to determine if bile is passing through common duct to intestine.
- ▶ When patient reacts from anesthesia place him in semi-Fowler position.
- ▶ Encourage patient to turn frequently to avoid pulmonary complications.

The dietary treatment before and after biliary operations is extremely important. Although it was formerly thought that cholesterol-containing foods such as egg yolk and liver should not be eaten because of the cholesterol content of gallstones, it is now believed that these foods have little or no effect on cholesterol blood or bile levels. The chief restriction is on fried fats which have an irritating effect on the gastro-intestinal tract and are difficult to digest. Pastries are also [Continued on page 68]

The legend of the Christmas Rose is: A shepherdess named Madelon, upon being told by the Wise Men about the birth of Christ, was momentarily sad because she had no flowers for the newborn Child. She suddenly smelled a sweet fragrance, and an angel stood beside her and showed her the beautiful white roses for her to take to Bethlehem. When the Christ Child touched the white roses, they turned pink.

Drug Digest



IODOALPHONIC ACID U.S.P.

(Cholecystographic Medium)

PROPRIETARY NAMES: Priodax N.N.R.

PHARMACOLOGY: Since iodoaliphonic acid is a substance which permits the visualization of the gall bladder by x-ray, it is an important part of the diagnostic procedure of cholecystography or x-raying of the gall bladder. After the drug is absorbed from the gastro-intestinal tract it is excreted in the bile and, if it encounters no obstruction, goes to the gall bladder where it is temporarily stored. At this point the radiopaque property of the drug allows the gallbladder shadow to appear on the x-ray.

DOSAGE: The evening before the x-ray is taken, the patient eats a fat-free meal. Shortly after this meal, six 0.5 Gm. oral tablets are taken with water at 5-minute intervals. Nothing should be eaten until after the first x-ray the next morning.

UNTOWARD ACTIONS: Iodoaliphonic acid is primarily excreted by the kidneys and is contra-indicated in cases of acute nephritis as well as in acute gastro-intestinal disorders. Side effects of nausea, vomiting, flatulence, diarrhea, dry mouth and a burning sensation in the esophagus, pain on urination, headache and weakness have been occasionally noted. According to the N.N.R., this preparation is less apt to cause nausea, vomiting and diarrhea than iodophthalein, another gall bladder x-ray medium.

DEHYDROCHOLIC ACID N.F.

(Choleretic)

PROPRIETARY NAMES: Decholin N.N.R.

PHARMACOLOGY: Dehydrocholic acid, termed a choleretic since it is thought to stimulate the secretion of bile by the liver, is also a mild diuretic. It is employed for its ability to promote bile duct drainage and stimulate liver secretion in biliary disorders such as chronic cholecystitis and other conditions showing a biliary stasis not caused by complete mechanical obstruction. It is also used to retard ascending cholangitic infections and to maintain free postoperative biliary drainage. The sodium salt of dehydrocholic acid which has the same action is further employed in determining arm-to-tongue circulation time. After injection, the length of time it takes for the patient to notice a bitter taste is recorded (average—9 to 16 seconds).

DOSAGE: One or two 0.243 Gm. Decholin tablets may be administered two to three times daily after meals for a period of four to six weeks. Sodium dehydrocholate or Decholin Sodium is administered by I. V. injection, one injection of 5 to 10 cc. of a 20 per cent solution followed by second and third doses of 10 cc. on successive days.

UNTOWARD ACTIONS: Dehydrocholic acid is contra-indicated in complete mechanical biliary obstruction and hepatitis. Dosage of the sodium salt is contra-indicated in bronchial asthma.



Drug Digest



AMYL NITRITE U.S.P.

(Antispasmodic)

PROPRIETARY NAMES: Vaporole, Aspirols.

PHARMACOLOGY: Amyl nitrite is one of a group of nitrites which bring about vasodilatation and a fall in blood pressure by relaxing the smooth muscle of the smaller blood vessels. The drug is of particular therapeutic value in angina pectoris since it generally acts in about a minute to relieve spasm. Action is manifested within 30 seconds after inhalation by flushing of the face and neck and throbbing in the head. Because of its relaxing effect on smooth muscle of the bronchial tubules and the musculature of the gall bladder and biliary ducts it has been used in the treatment of asthma and biliary colic.

DOSAGE: Amyl nitrite is administered by inhalation. Glass containers called "pearls" which are crushed to release the vapor may contain 0.18 cc. or 0.3 cc. of the substance. "Pearls" should always be crushed in a piece of protective gauze or cloth and given to the patient while he is lying or sitting down.

UNTOWARD ACTIONS: Side effects include throbbing in the head, flushing of the face and neck and nausea and vomiting, but such effects may become less severe as the patient acquires a tolerance to the drug. Another disadvantage is the objectionable odor.

EXTRACT OF OX BILE U.S.P.

(Choleretic)

PROPRIETARY NAMES: U.S.P. product manufactured by several pharmaceutical firms.

PHARMACOLOGY: Extract of Ox Bile contains the chief physiological constituents of naturally occurring bile—bile salts, which play an important role in the digestion and absorption of fat. Because of this property, the drug helps in the intestinal absorption of food fats and the fat-soluble vitamins A, D, E, and K. As a choleretic, it stimulates the liver to secrete more bile and bile constituents; it also exercises a slight laxative action. Preparations of bile salts are used in conditions where there is a lack or decrease of bile secretion. In biliary stasis not caused by complete mechanical obstruction, bile salt preparations are used to promote bile duct drainage and retard ascending cholangitis.

DOSAGE: Extract of Ox Bile may be given orally with water, 0.032 Gm. to 0.194 Gm. three times daily after meals. It is available as Extract of Ox Bile in tablet and powder form, as Bile Salts in plain or enteric-coated tablets, and as Ox Bile Extract in tablets, Enseals and powder.

UNTOWARD ACTIONS: As in the case of dehydrocholic acid, it is harmful to give this medication when there is complete mechanical biliary obstruction.



30 Minutes from Duty to Date

■ ONLY 30 MINUTES to get ready for that big evening? Why you can do it! You do it all the time! But do you get the most out of those 30 minutes, and begin your evening of fun feeling relaxed and beautiful? Or are you generally tired and wondering if you charted the 6 P.M. penicillin?

If you follow a definite plan, you can have time for that special beauty regime that nurses need because of the singularity of their duties. A re-

laxing bath, a facial, and a new manicure will give you a head-start on a wonderful evening with a mood of relaxation, and a feeling as fresh as the proverbial daisy.

All this can be accomplished, and without rushing, if you plan with economy of time in mind. First, begin your plan on the day before.

Set up a check list:

1) Have hair shampooed and set before the big event necessitating

only a quick brushing on the important evening.

2) Complete the manicure, except for the polish.

3) Decide what to wear, both major items and accessories. Have everything, but everything, in a ready-to-put-on condition. Dress pressed, shoes polished, hose selected and checked for runs, coat brushed, purse packed.

4) Also set up a uniform now. No time for this chore before you go out; and no time the next morning . . . certainly no fun to do when you come in.

Your relief nurse will come on duty early, of course. Didn't you do the same for her last week? The report is given and you leave the floor at 7 P.M.

7:03: You have reached the Nurses' Home. No time now for even a wee chat or a coke. Start the bath water . . . be generous with the bath salts . . . undress . . . brush hair and tie it back . . . brush teeth . . . apply cleansing cream to face and neck . . . proceed with speed but avoid haste.

7:07: Into the tub . . . down, down into the water . . . close your eyes . . . take 15, 16, 17, 18, 19, 20 deep breaths . . . slowly . . . this will relieve the muscular and nervous tension which is just what you need.

7:10: If you didn't fall asleep from that sudden and complete relaxing, scrub quickly now and dry off with great brisk strokes . . . use cologne or bath powder . . . don't forget the anti-perspirant.

7:13: Steam your face for 30 seconds by applying a wash cloth wrung

out of very hot water . . . then wash with soap or simply clear water, whichever you usually do . . . rinse with cool water . . . then apply wash cloth wrung out of very cold water for an astringent effect.

7:15: Dress except for outer wraps . . . protect the shoulders of your dress with a makeup cape.

7:18: Apply makeup including lipstick . . . but wait to blot the lipstick later . . . let it "set" for 10 minutes.

7:20: Loosen hair . . . brush and comb it . . . dab a bit of your favorite brilliantine or other hair dressing on those stray wisps.

7:23: Polish your nails . . . follow with a quick-dry solution . . . rinse in cold water or do not rinse as directed . . . and now is the time for hand lotion . . . the polish will not smudge with a bit of care . . . do be slow about putting on your gloves, especially if they are tight.

7:27: Time for a last minute check . . . step in front of a full length mirror . . . or solicit the aid of a roommate or passing acquaintance . . . and do see that the stocking seams are straight . . . and the slip a safe half-inch or more above the hemline of the dress . . . use a hand mirror and blot the lipstick with a tissue.

Message from downstairs: "He's here!"

7:29: Take five deep breaths . . . same reasons as before . . . also eliminates those worry wrinkles . . . descend the stairs . . . slowly. The evening is guaranteed.

by Ruth K. Mumbauer, R.N.



Reviewing the News

► "THE NURSE—Her Role in World Health" was the lofty theme and banquet topic of the New Jersey State Nurses Association's 48th annual convention, meeting at Asbury Park, October 26, 1950, but more down-to-earth problems captured the attention of the 556 nurses attending the morning and afternoon speech and business packed sessions. Members accepted the proposed nursing personnel policies drawn up by a joint NJSNA and N.J. Hospital Association committee after many months of consultation and compromises; approved changes in by-laws to allow associate membership; and agreed to cooperate in the study of nursing functions (See this month's *Candid Comments*). In preparation for Civil Defense, SNA president, E. Elizabeth Brown, stated that the Association must be responsible for maintaining an up-to-date roster of every nurse in the state, active or inactive, complete with current addresses and telephone numbers. The wherewithal for financing this ambitious project remained a mystery.

At the joint meeting of the private duty and general duty sections the previous day, Bernice E. Anderson, R.N., assistant professor of nursing

education, Teachers College, Columbia, spoke on the legal aspects of nursing, drawing on concrete examples to show the nurse's responsibility under the law . . . Members were reminded by Mr. Willem Wirtz, NJSNA public relations counselor, that as nursing grows up it must assume civil duties; the nurses association cannot expect to be a professional force like the AMA until it achieves total membership.

SNA speaker, Dr. Aldrich C. Crowe, president of the Medical Society of New Jersey discussed his Society's proposed plan for medical care (not accepted by the AMA) and expressed interest in incorporating nursing service in medical care plans—although it involved many problems. He also stated that the medical profession was disturbed that the nursing profession hadn't taken a strong stand against compulsory health insurance . . . Revealing that nursing needs in New Jersey outweighed nursing resources by 20 per cent, Faye G. Abdellah, R.N., USPHS nurse education consultant, highlighted the results of a recent survey on this subject in New Jersey.

► CAPITOL COPY: With only a few weeks left before the beginning of the new 82nd Congress on Jan. 2, 1951, it's time to take stock of what was legislatively accom-

plished along medical lines in 1950. As reported by the *Washington Report on the Medical Sciences*, bills enacted into law were:

S.2591, providing for two Federal medical research institutes, one for arthritis, rheumatism and metabolic diseases, the other for neurological diseases and blindness; also 30 new Public Health Service professional positions with annual salaries up to \$15,000.

S.247, creation of a National Science Foundation.

H.R. 6000, Social Security amendment liberalizing and extending Social Security insurance benefits; providing larger grants for state maternal and child health services and aid to child welfare and crippled children. [R.N., Sept.]

H.R. 5876, offering increased benefits to members of Army and Navy Nurse Corps. [R.N., July]

S. 4029, amendment of Selective Service Act so that physicians, dentists and other men in allied professions can be drafted. [R.N., Oct.]

S. 3959, making non-profit institutions such as hospitals and health centers eligible to receive Federal surplus property.

H.R. 7797, providing about \$10 million annually for public health technical aid to friendly foreign countries; involving recruitment of American doctors, nurses, sanitary engineers and others for overseas service.

S.J. Res. 105, permitting Sister Elizabeth Kenny, an Australian citizen, to enter and leave U.S. at will.

H.R. 4567, liberalizing Displaced

Persons Act. (Through July 31, 1950, medical personnel admitted to U.S. were: physicians, 298; trained nurses and student nurses, 438; dentists, 45; pharmacists, 48; medical service workers and laboratory technicians, 343.)

H.J. Res. 334, stepping up U.S. share in meeting expenses of World Health Organization.

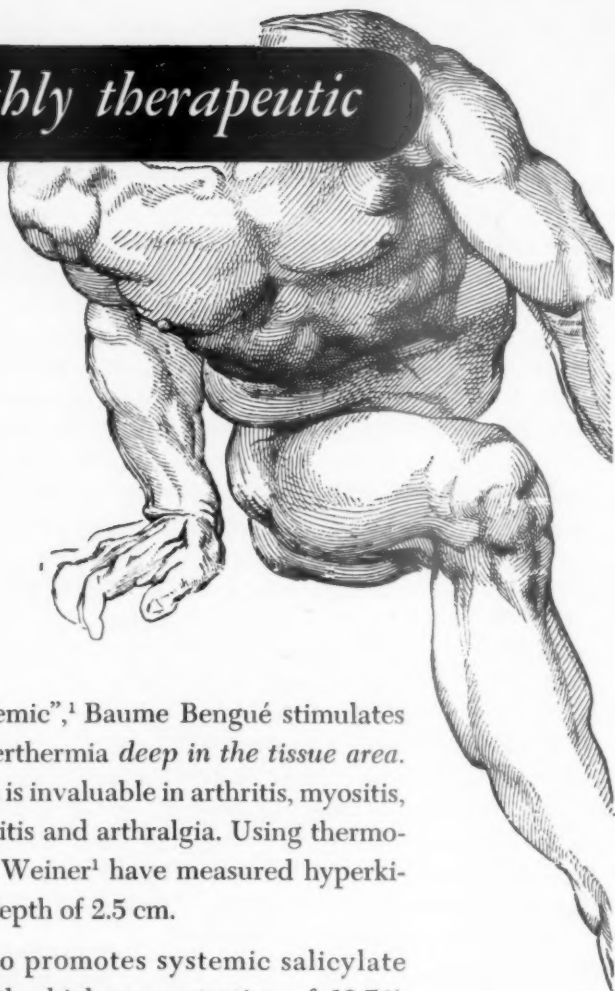
H.R. 4384, authorizing commissioning of women physicians and dentists in Regular Army and Air Force, was passed by House and Senate but failed of enactment because Senate modifications were not acted upon by House Armed Service Committee. [R.N., Oct.]

► **RESIGNED:** Ruth Freeman, Administrator of Nursing Services, American National Red Cross since 1946, left that post on November 1 to accept a position as associate professor and Head of the Division of Public Health Nursing, School of Hygiene and Public Health, Johns Hopkins University. She will continue in her capacity as nursing consultant [*Continued on page 64*]

American Red Cross



thoroughly therapeutic



As a true "hyperkinemic",¹ Baume Bengué stimulates hyperemia and hyperthermia *deep in the tissue area*. This thorough action is invaluable in arthritis, myositis, muscle sprains, bursitis and arthralgia. Using thermoneedles, Lange and Weiner¹ have measured hyperkinemic activity at a depth of 2.5 cm.

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I. Lange, K., and Weiner, D.: J.
Invest. Dermat. 12:263 (May) 1949.

Baume Bengué
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Can We Insure Nursing?

[Continued from page 40]

experiment. Declaring itself unfamiliar with all the facts of the case, the UMS submitted the plan to a special committee. Mr. Louis H. Pink, president of the AHS, summed up the problem thus: "Groups will not pay large amounts for home nursing; any charge that is made will have to be nominal and not based on actuarial probabilities. The most practical method of experiment would seem to be the preparation of a rider for the surgical contract of UMS which would provide a limited but reasonable amount of home nursing . . . We probably could not collect more than about \$1 a year for an individual and \$2 for a family." Miss Randall estimated that costs for an individual would be about \$2.40 a year, for husband and wife, \$3.60 and for a family, \$6. Although a sample contract had been drawn up by Miss Randall, the project was eventually dropped.

Although the Westchester project never came to fruition, it is encouraging to hear of a potential experiment along the same general lines in Pennsylvania. The chairman of the Committee on Nursing in Medical Care Plans in that state reports that:

"In the Philadelphia area, some planning is going on in relation to provision of visiting nurse service to certain Blue Cross policyholders. Under the Nursing Council there, a special committee has been working on this project and has the approval

of the Nursing Council for an experiment to be undertaken by Blue Cross, a hospital to be selected by the Hospital Council, and the Visiting Nurse Society of Philadelphia . . . The committee explored the possibility of the inclusion of private duty nursing service to Blue Cross policyholders while still in the hospital, but did not find such a step feasible at this time. In Pittsburgh, the Visiting Nurse Association Board of Directors has approved experimentation with Blue Cross on inclusion of nursing services but no working plan has been formulated as yet. It is felt that much wider interest on the part of nursing and representative community groups must be generated if any experiment undertaken is to have permanent benefits."

During the last four months of 1949, this extremely active Pennsylvania committee carried on a study in 15 visiting nurse associations in order to ascertain how many patients were Blue Cross subscribers. It determined that 9 per cent of the patients visited belonged to Blue Cross and that half of these were being visited because of acute and chronic illness; the others were chiefly maternity cases.

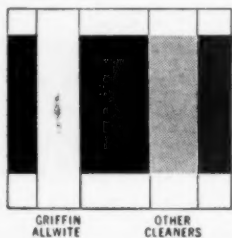
Even though the Blue Shield and Blue Cross plans in the rest of the country hesitate to venture into what apparently appears to them to be an uncharted realm, there is one large group insurance service, the Health Insurance Plan of Greater New York, which has offered visiting nurse service through contracts with visiting nurse associations since its inception

7 reasons why more nurses prescribe

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in 1947. Despite the fact that this service has had its ups and downs, the important thing is that it is in existence and therefore can furnish certain telling statistics.

The Health Insurance Plan, or HIP, as it is called, is a non-profit, community-sponsored voluntary medical care plan which provides comprehensive medical services through contracts with several organized medical groups located throughout the city boroughs. Each medical group receives through HIP a yearly capitation fee* for every enrollee and his dependents selecting the group. The plan is offered to employed workers and their dependents, with the employer paying half of the premium. Since hospitalization benefits are not included, every subscriber must carry a Blue Cross or commercial hospital insurance contract.

Visiting nursing was one of the services guaranteed by HIP because it was believed to be important in health education, prevention of illness and providing home care for those who might otherwise need hospitalization. In this respect, it is interesting to note that Dr. George Baehr, HIP president and medical director, believes that the particular service of visiting nursing has not worked out according to plan in that the doctors have not utilized the service as much as they should. He states that, "We have come to think

that many of the HIP physicians reflect the general behavior of doctors in New York City toward the visiting nurse services; that is, many of the doctors seem to be afflicted with a blind spot which leads to their failure to use a community resource which would not only be of assistance to the family during a period of stress, but would also help the busy physician himself to discharge his responsibilities with less pressure and strain."

According to one nursing authority, some of the HIP doctors are still imbued with the prevalent idea that visiting nurse service is appropriate only for the lowest income groups, and other doctors are woefully ignorant of just what the visiting nurse is equipped to do. Many a doctor, when apprised of visiting nurse services, has been astounded to learn of the varied procedures that can be carried on in the home.

Another reason for the doctors' lack of use of the service was the method of payment. At the beginning of the plan, HIP paid for 80 per cent of the visiting nursing service and the medical groups which, as stated, are paid by HIP on a capitation basis, provided for 20 per cent. In the first 10-months' period there were 9.05 nursing cases and 26.15 nursing visits per 1,000 insured persons. However, in the 6-months' period in 1948 after the medical groups had assumed full responsibility for payment of the cost of nursing service, it was found that cases decreased to 4.21 and visits to 24.0 per 1,000 insured persons per year; the next

*Capitation is a method of payment whereby an individual or agency receives a certain amount per insured person, during a given period. It is monetarily advantageous for the medical groups participating in HIP to keep its members in as good health as possible.

period cases and visits dropped to 3.05 and 11.9 respectively. There is good reason to believe that some of the doctors resented having part of their capitation money go for nursing and consequently held back from using the nursing service. Nevertheless, because of the set-up of HIP, money for nursing service must come from the medical groups which have contracted with HIP to provide all HIP guaranteed services. At the present time, the VNA's are paid on a capitation rather than a cost-per-visit basis and it is hoped that this method will broaden the use of the service.

As might be expected, considering the poor use of the service, the cost per insured person per year (based on the rate of \$2.45 per visit) has not been excessive. At last report (July 1, 1949—June 30, 1950) it was .07 cents for each of the 222,391 members enrolled in the plan.

From the experience of this particular medical care plan, we can see that the success of visiting nursing in such a plan will depend on teamwork between the physician and the nurse not only in carrying out nursing

duties but in interpreting the value of nursing service to the public. Although the nurse may make an initial visit without medical supervision, authority for continuing her care must come from the physician. Until rapport is established between doctors and nurses, there will probably continue to be a discrepancy between the actual use of nursing service and the estimated need for this important service.

Visiting nursing is conspicuous by its rarity in other voluntary medical care insurance plans. In 1945, Margaret Klem of the Social Security Board reported that "only 18 per cent of the members of all types of plans could receive such services under their prepayment contracts." Most of these services were government-sponsored but several others were offered by industrial establishments which recognized the value of providing visiting nursing for their employees.

Although further research is needed in this field of insurance, there is also a great need for action and experimentation. The project of including visiting nursing in medical care plans is a specific responsibility of



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nurses. This responsibility consists of working on special committees formed for this purpose, interpreting the need to allied organizations and insurance companies, and finally educating the public to the value of this service as provided by official visiting nurse agencies. It is to our advantage to work toward including in our voluntary health insurance plans all those services which will further the health of the American people. Nursing is one of those services.

BIBLIOGRAPHY

- American Journal of Nursing*, June, 1939; Sept., 1946; Aug., 1948.
Communications—Clare Richmond, R.N., Nursing Consultant, Health Insurance Plan; Mrs. Alice K. de Benneville, Chairman, Committee on Nursing in Medical Care Plans, Pennsylvania State Nurses Association; Emilie G. Sargent, R.N., Executive Director, Detroit Visiting Nurse Association; Alma C. Haupt, R.N., Director of Nursing Bureau, Metropolitan Life Insurance Co.
Guide for the Inclusion of Nursing Service in Medical Care Plans, Committee of the ANA and NOPHN on Nursing in Medical Care Plans, 1950.
Journal of the American Medical Association, June 17, 1950.
Maternity Service Under the Health Insurance Plan of Greater New York, speech presented by George Baehr, M.D., President and Medical Director, Health Insurance Plan, at the International and Fourth American Congress on Obstetrics and Gynecology, New York City, May 17, 1950.
Modern Hospital, Dec., 1938.
Public Health Nursing, Aug., 1948; Oct., 1950.
Report of a Study of a Group Prepayment Plan for Visiting Nurse Service in Westchester County, N.Y.
Trained Nurse and Hospital Review, July, 1945.
1945 Memorandum on Nursing Experiment. Louis H. Pink, Pres., Associated Hospital Service of New York.

One in every 100 of its out-patients is suffering from "in-law-itis," according to a report from Kings College Hospital in London. The victims live with their in-laws and quarrel with them so much they make themselves sick.

December R.N. 1950

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steam therapy consider Vicks VapoRub
as the medicament

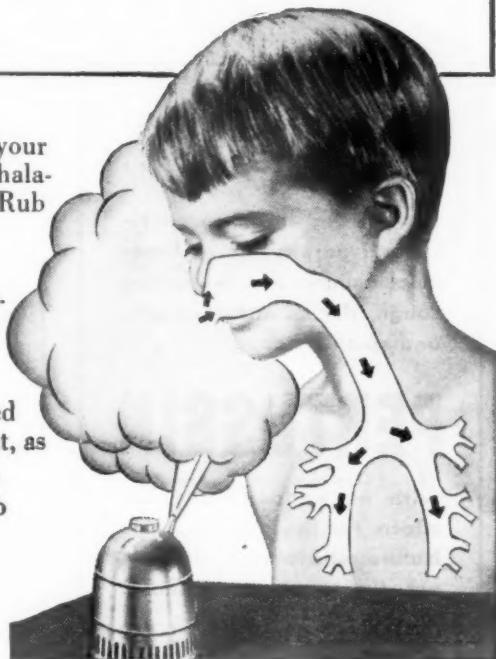
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Its well-balanced formula contains not one but seven volatilizing ingredients, including menthol, thymol, camphor and oil of eucalyptus—all helpful in soothing the irritated mucosa of the respiratory tract, as well as in combatting dryness.

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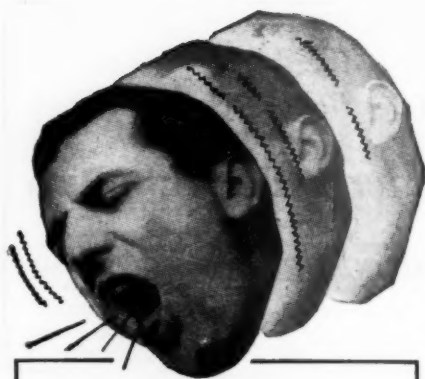
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in acute and chronic bronchitis and paroxysms of bronchial asthma . . . whooping cough, dry catarrhal coughs and smoker's cough—

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with no undesirable side effects for the patient, helps Nature relieve coughs when not due to organic disease.

Its active ingredient, Extract of Thyme (Taeschner Process), acts as an expectorant and antispasmodic. It increases natural secretions to soothe dry, irritated membranes. It may be prescribed for children and adults. Pleasant to take.

Trial packages on request.

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NEWS

[Continued from page 55]

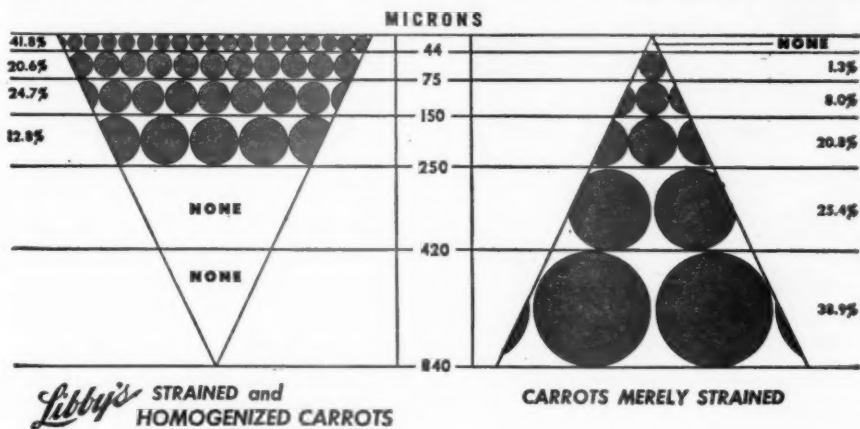
with the Health Resources Office of the National Security Resources Board. Miss Freeman is author of *Public Health Nursing Practice*, *Techniques of Supervision in Public Health Nursing* and co-author with Dr. Ramona Todd of *Health Care of the Family*. Ann Magnusson, active in Red Cross service since 1930 and Deputy Administrator of Nursing Services since 1948, has been appointed to succeed Miss Freeman. Miss Magnusson is remembered by many as national director of Disaster Nursing and Nurse Enrollment.

► **ATOMIC MEDICINE** and its implications for nursing will be the subject of an intensive five-day course to be given in six cities during fall and winter months. Graduates of the course will become trained teachers capable of instructing other nurses. An invitation has gone out to all state governors to nominate trainees. First course, held in Rochester, N.Y., Nov. 13-17, will be followed by courses in Atlanta, Jan. 8-12; New Orleans, Jan. 15-19; Minneapolis, Jan. 29-Feb. 2; Denver, Feb. 5-9 and San Francisco, Feb. 12-16.

► **NACGN AMALGAMATION** with ANA will become effective after vote to terminate activities and transfer functions to ANA is taken next month, announced the National Association of Colored Graduate

Particle Size

AN INDEX TO READY DIGESTIBILITY



THE ready digestibility of Libby's Strained AND Homogenized Baby Foods, and their early tolerability, are graphically shown as physical changes which Libby's exclusive process of homogenizing brings about.

For instance, in carrots that have only been *strained*, less than 30% of the food substance presents particles under 250 microns in size—more than 70% is composed of particles up to and over 840 microns in size. BUT when this substance undergoes Libby's *homogenizing*

process, there remain no particles over 250 microns in size; 87% are smaller than 150 microns.

Thus digestion is facilitated, and utilization of contained nutrients, such as iron, is enhanced. Since cellulose fibers are comminuted to ultra-small size, Libby's Homogenized Baby Foods may be fed with safety as early as the fifth week of life and are well tolerated.* Yet this feature carries no price penalty, for Libby's cost the mother no more than ordinary, merely strained, baby foods.

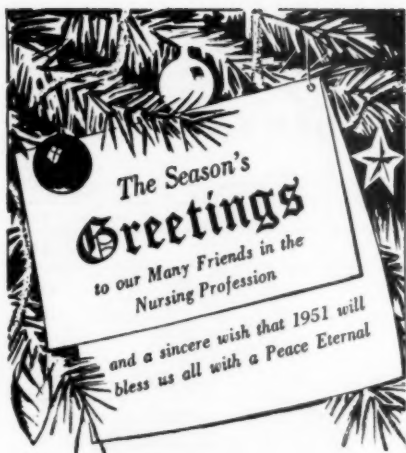
*Reprints of clinical studies are available on request.

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And whitens evenly-
from toe to heel!



Nurses' president, Mrs. Mabel K. Staupers, at a press conference held in October, in New York City, at the home of Mrs. Edward C. Carter, chairman of the Nursing School Committee of Harlem Hospital. Fuller integration of Negro nurses into the nursing profession has led to the NACGN's decision. As an increasing number of Negro nurses are employed by public health agencies and hospitals and as more and more Negro nurses are accepted for duty with the military and veteran services, the NACGN sees its 42-year-old goal close to achievement—the improvement of the educational standards and promotion of opportunities for Negro nurses. [See R.N., Nov., 1948.] The NACGN is the first of the six national nursing organizations to take a decisive step toward merging and also, as far as can be determined, it is the first important national organization of Negroes to terminate because its program is no longer necessary. Achievements of the Association will be celebrated with a testimonial dinner on January 26 at the Essex House, New York City, when citations will be awarded to individuals and organizations for their contributions to the furtherance of democracy in nursing.

► **GRIEVANCE COMMITTEES** are now established in 34 states and the District of Columbia, announces the AMA, for the purpose of considering complaints of patients who feel they have been overcharged or are dissatisfied with medical service.



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2. **FLAVOR.** Clapp's famous air, time, and moisture controls also preserve more of the delicious natural flavors. Clapp's pressure cooking is one of the reasons why doctors have recommended Clapp's Baby Foods longer than any other baby food!



CLAPP'S BABY FOODS

THE FIRST IN BABY FOODS

Products of American Home Foods

Gall Bladder Tribulations

[Continued from page 49]

forbidden. As a general rule, the diet should be "bland, easily digested, low fat," and also, "high in protein and carbohydrate especially when the episodes of acute symptoms are frequent and hepatitis is present."^o Patients who have had their gall bladder removed will generally have to go easy on fatty foods.

The treatment of gall bladder disease will depend upon the severity and type of disorder. For symptomatic relief of pain, the use of drugs such as amyl nitrite, nitroglycerin, atropine and Demerol or in acute cases methadone or morphine may be indicated. If, as in the case of biliary obstruction, fat is not being adequately digested and absorbed by the intestine, these processes may be facilitated by the administration of bile salt preparations which have an emulsifying effect on fats. When infections are present, sulfonamides, penicillin and streptomycin may be ordered. Vitamins, especially the fat-

soluble ones, A, D and K, are necessary therapeutic adjuncts. Vitamin K should always be administered if there is an increased prothrombin time because of its important role in clot formation and prevention of hemorrhage. In *Drug Digest*, p. 50, the drugs presented are amyl nitrite, an antispasmodic; bile salts and dehydrocholic acid, cholagogues used to stimulate bile production; and Pridoxin, a radiopaque substance used in cholecystography.

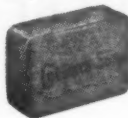
If patients with gall bladder disease are disposed to take an unjaundiced view of things, they may be grateful that theirs, on the whole, is not a hopeless affliction. Since 1882, the date of the first cholecystectomy recorded in medical literature, medical and surgical advances have made this procedure relatively safe. Moreover, the surgical removal of the gall bladder, an organ not necessary for life, frequently allows pain-ridden invalids to resume a normal, happy life.

Poinsettia, now a traditional Christmas plant, made its debut in tropical America.

^o*Nutrition in Health and Disease*, J. B. Lipincott Co., Phila., p. 325.

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Fifty-One Patients Later

[Continued from page 30]

many of their emotional upsets. They help them to be content under a regimen necessary for full recovery and a return to a normal way of life.

Martha White, R.N., foster mother extraordinary of Hyd-A-Way Ranch, says, "The things we do take money, yes, but more than that, they take imagination, time, patience and willingness to give of oneself. I feel that this is only the beginning and that there is a great deal more that many nurses can do along this line."

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The doctor painstakingly explained to Luigi Verracci, a clinic patient with a limited knowledge of English, that he must take the barium mixture before having x-rays of his gastro-intestinal tract. He stressed that the pictures would not come out well unless he did. The morning of the x-ray appointment came. When the nurse called Luigi's name a little woman stood up. The nurse reassured her that her turn would come and the woman sat down. Again Luigi's name was called and again the woman stood up. The third time, the nurse asked if she knew Luigi and received a broad smile. "Si, Luigi my husband."

"Where is he?" asked the nurse. "He was supposed to take barium and have his pictures taken today." "Luigi go to work," was the reply. "I drink medicine and come in his place to take pictures."

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ASSOCIATE DIRECTOR: (N244) Department of Nursing, charge Educational Program large teaching hospital, eastern city 200,000. Master's Degree required. Minimum \$5500. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

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DIRECTOR OF NURSES: (N732) Large, approved Hawaiian hospital, attractive location. \$6000. (N728) 300 bed approved hospital, southern university town 200,000. Minimum \$5000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTORS OF NURSES: (a) New hospital to be opened for operation in April. No training school. Degree unnecessary. Fashionable suburban location near New York City. (b) Of nursing service. Unit of university group currently under construction. West. (c) Assistant director of nursing service. General 350 bed hospital. Will consider pediatric or obstetrical supervisor with administrative ability. University town, Midwest. RN12-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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EDUCATIONAL DIRECTORS: (N240) Fully approved general hospital, north central educational center. \$4500 minimum, apartment available. (N220) 400 bed teaching hospital, near Philadelphia, student enrollment 100. \$3600 minimum. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

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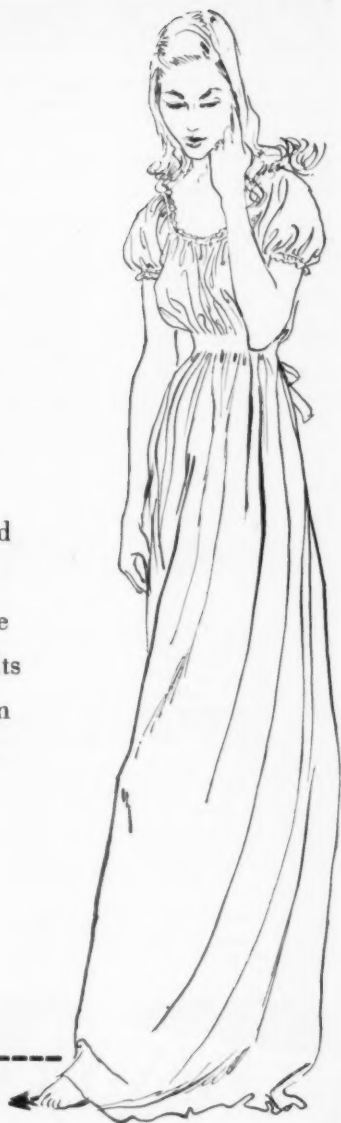
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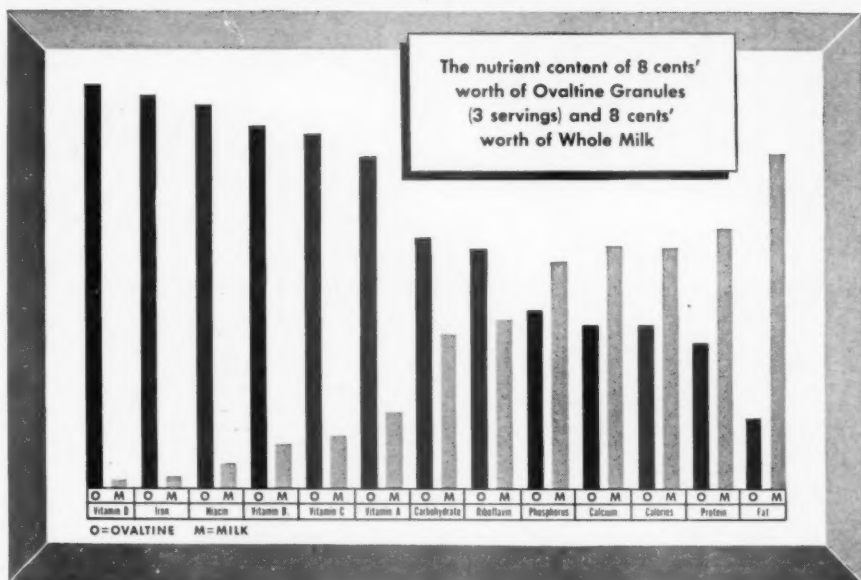
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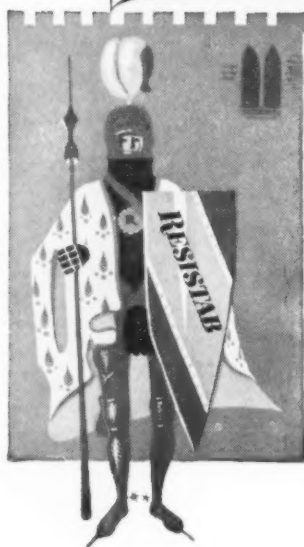
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1. *The Prophylaxis and Treatment of the Common Cold with Neohetramine (thonzylamine hydrochloride). Ind. Med. 18:508 (Dec.) 1949.*

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